**SPECIALIST ADMISSIONS REFERRAL FORM**

**In line with GDPR regulations, please send this form via an encrypted email (e.g. egress) to the inclusion inbox or via the portal, stating OFFICIAL-SENSITIVE in the subject field**

**Child/young person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname (capitals) |  | Forename(s) |  |
| Date of birth |  | Current NCY |  |
| Current educational setting |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for referral (tick one box only)** | | | |
| 1. **Specialist education setting request** | | | |
| Type | | | |
| Special school |  | Resourced Provision |  |
| SEMH Placement - PRU |  |  |  |
| Primary need (select one only) | | | |
| Cognition and learning |  | Communication and interaction |  |
| Social, emotional & mental health |  | Sensory / Physical |  |

**Child/young person’s details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| UPN |  | | Gender | |  |
| Address (where currently living) |  | | | | |
| Postcode |  | Home tel no. | |  | |
| Home language 1 |  | Ethnicity | | Ethnicity. | |
| Home language 2 |  |

**Social Care Involvement**

|  |  |  |  |
| --- | --- | --- | --- |
| Child in Need |  | Children with Disabilities Social care |  |
| Child Looked After |  | Adult Social Care |  |
| Child Protection |  |  |  |

**In the context of current educational setting:**

**Child/young person’s strengths**

|  |
| --- |
|  |

**Provide a summary of the child/young person’s barriers to learning**

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| --- |
|  |

**What is being sought through this referral that is additional to or different from the resources currently available to this child/young person within the current school?**

|  |
| --- |
|  |

**What will success look like for the child/young person?**

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| --- |
|  |

**Child/young person’s views**

|  |
| --- |
|  |

**Parent/carer views**

|  |
| --- |
|  |

**Description of progress with regards to learning and development**

|  |  |
| --- | --- |
| EYFS data |  |
| KS1 data |  |
| KS2 data |  |
| KS3 data |  |
| GCSE prediction and courses |  |

**Detail the current educational setting’s internal actions, interventions and/or preventative strategies, including to support attendance (most recent first)**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates(s) | Need | What strategy or approach was implemented? | Impact achieved |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Detail external professional (e.g. EP, SAT or CAMHS) actions, interventions and/or preventative strategies, including to support attendance (most recent first)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) | Provider | What strategy or approach was implemented? | Impact achieved |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**State if any other agencies are actively involved or have been in the last 6 months with this child/young person and/or family and provide details of each agency’s key worker and telephone number**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Key worker name** | **Contact details** | **Date of last contact** |
| Educational Psychologist |  |  |  |
| Health Professionals |  |  |  |
| SEND Teaching Support Team – Specialist Teachers |  |  |  |
| Social Care (Please specify team) |  |  |  |
| Early Help (Please specify team) |  |  |  |
| Cumbria Youth Offending Service |  |  |  |
| CAMHS |  |  |  |
| Other(s) please list below: |  |  |  |

**Additional information**

Any other supportive information you wish to add (e.g. any child protection concerns and/or relevant family background information) or any further additional comments you wish to make

|  |
| --- |
|  |

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s) |  | Surname |  |
| Designation |  | Telephone |  |
| School or service |  | | |
| Address |  | | |
| Email |  | | |
| Signature |  | Date |  |

**Please tick the appendices where relevant**

|  |  |  |
| --- | --- | --- |
| Appendix 1 | SEND Teaching Support Team – Specialist Teachers |  |
| Appendix 2 | Educational Psychologist |  |
| Appendix 3 | Health Professional |  |

**This referral must be supported by additional evidence as follows:**

|  |  |  |
| --- | --- | --- |
| 1 | Provision Map of support detailing currently funded provision |  |
| 2 | Attendance Data |  |
| 3 | SEN Support Plan |  |
| And one or more of: | | |
| 1 | EHC Plan (With Assessment Advice or Annual Review including most recent Professionals report) |  |
| 2 | Pastoral/ Behaviour Support Plan |  |
| 3 | Any additional Specialist Education Reports |  |

**All information contained within this referral form must be shared with the parent/carer and a signature obtained. Forms will be returned and not processed until a signature is obtained.**

**Parent / Carer details**

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from child/young person’s) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from pupil’s) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |

**Parent/carer signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I have read all the information on this form** | | | |
| Signature |  | Date |  |
| Signature |  | Date |  |

***PLEASE NOTE INCOMPLETE REFERRALS WILL BE RETURNED TO THE REFERRER AND NOT CONSIDERED BY THE PANEL***